

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S) 10/009573

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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FAL						
FAL						
FAL						
1M8						

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

3-1360 (2-88)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS
U.S. GOVERNMENT PRINTING OFFICE: 1964 5-6250